10287

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (8)

County Somerset Registration Dist. No. 761

Village or City Kingston, MD. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Mae Ames If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
7	Col	Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct. 15, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1939	00	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kingston (State or country) Somerset Co. MD

FATHER

13. NAME Milton C. Ames

14. BIRTHPLACE (city or town) Accomac Co. (State or country) Virginia

MOTHER

15. MAIDEN NAME Fannie Rose Major

16. BIRTHPLACE (city or town) ~~Princess Anne~~ (State or country) Craddockville

17. INFORMANT Fannie R. Ames (Address) Princess Anne, MD.

18. BURIAL, CREMATION, OR REMOVAL Place Kingston Md Date Oct 16, 1939

19. UNDERTAKER Geo W Telghman (Address)

20. FILED 10/16, 1939 Aurelia B Lawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 15, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1939, to Oct 15, 1939

I last saw him ~~alive on~~ Sullivan, 19; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn	
Infant	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldore G. Marksman M. D.

(Address) Princess Anne

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

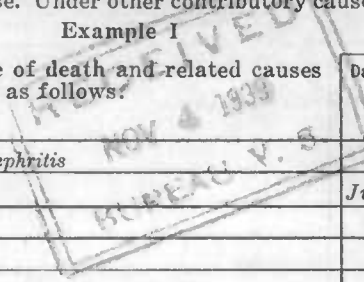
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10285

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Somerset Registration Dist. No. 761

Village or City Kingston No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Odella Francis Ames If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct- 15 39

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Kingston Somerset County, Md

FATHER

13. NAME Milton C. Ames

14. BIRTHPLACE (city or town) (State or country) Accomac Accomac Co. Va

MOTHER

15. MAIDEN NAME Fannie Rose Major

16. BIRTHPLACE (city or town) (State or country) Craddockville Va.

17. INFORMANT (Address) Fannie Rose Ames Kingston Md.

18. BURIAL, CREMATION, OR REMOVAL Place Kingston Md Date Oct 16, 1939

19. UNDERTAKER (Address) Geo W Telghman

20. FILED 10/16, 1939 Aurelia B Lawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct- 15, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1939, to Oct 15, 1939

I last saw her ~~alive on~~ dead at 1:20 A.M. 1939; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Sizeable Cum Infant	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldon F. Manasman M. D.

(Address) Pine Ave, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
NOV 4 1929
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10288

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Somerset Registration Dist. No. 761

Village or City Kingston, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. 8 mos. 20 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martenia Ballard If U. S. Veteran, specify WAR

(a) Residence: No. Kingston Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 28, 1926

7. AGE: Years 13 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School girl

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Kingston Md.

FATHER

13. NAME Fred Ballard

14. BIRTHPLACE (city or town) (State or country) Kingston Md

MOTHER

15. MAIDEN NAME Jesse Bullock

16. BIRTHPLACE (city or town) (State or country) Marion Md

17. INFORMANT Mrs. Beatrice Mulberry (Address) Marion Md

18. BURIAL, CREMATION, OR REMOVAL Place Kingston Md Date Oct 22, 1939

19. UNDERTAKER Chas. H. Ward (Address) Marion Md

20. FILED 10/20, 1939 Pearle P. Lawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1939 to Oct. 18, 1939

I last saw her alive on Oct 17, 1939; death is said to have occurred on the date stated above, at 6 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Tuberculosis of lung	9/3/39
Other Contributory Causes of Importence:	

Neme of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury

Neture of injury

24. Was disease or injury in any way relatad to occupation of deceased? No

If so, spacify

(Signed) W. J. Mumbert M. D.

(Address) Crisfield, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10289

1. PLACE OF DEATH (159)

County Somerset Registration Dist. No. 267

Village or City Dames Quarter No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Bozman If U. S. Veteran, specify WAR

(a) Residence: No. Dames Quarter St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): Oct 4th 1939

7. AGE: Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 2 days

12. BIRTHPLACE (city or town) (State or country) Dames Quarter

FATHER

13. NAME John R. Bozman

14. BIRTHPLACE (city or town) (State or country) Dames Quarter Md

MOTHER

15. MAIDEN NAME Ada White

16. BIRTHPLACE (city or town) (State or country) Dames Quarter Md

17. INFORMANT (Address) John R Bozman Dames Quarter

18. BURIAL, CREMATION, OR REMOVAL Place Dames Quarter Date Oct 5, 1939

19. UNDERTAKER (Address) L G Webster Deals Island Md

20. FILED Oct 5, 1939 Mrs. W. S. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 5, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Oct 4, 1939, to Oct 5, 1939 I last saw her alive on Oct 5, 1939; death is said to have occurred on the date stated above, at 4 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Prematurity

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. M. Shevit, M. D.

(Address) Deals Island Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-A)

10290

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: ~~George~~ A Somerset

County

City or town Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Asbury Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Somerset

City or town Crisfield, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Asbury Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Arthur Christy

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 3rd 1937

8. AGE: Years 2 | Months 6 | Days 17 | If less than one day ____ hrs. ____ min.

9. Birthplace Crisfield, Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Richard Christy
13. Birthplace Crisfield, Md.

MOTHER
14. Maiden name Elva Nelson
15. Birthplace Crisfield, Md.

16. Informant Mrs. Clarence Christy

Address Crisfield, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 22nd/39 (month) (day) (year)

Cemetery or crematory Crisfield Cemetery.

Location

18. Funeral director J. S. Lawson & Son

Address Crisfield, Md

19. Oct 21 1939 (Date rec'd by registrar) C E Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20th 1939, at 9 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 14 1939, to Oct 20 1939, and that I last saw him alive on Oct 18 1939.

Immediate cause of death Cardiac asthenia

Due to Malignancy of Kidney and Mesentery

Due to

Other conditions Intestines

(Include pregnancy within 3 months of death)

Major findings: Malignancy — operated on at Jns Hopkins Hospital

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm H Coulbourn M.D. M. D.

Address Crisfield Md Date signed Oct 21/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1939
BUREAU V. S.

10291

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (57-C)

County Somerset Registration Dist. No. 260

Village or City Vern B Cove Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clark Colebank If U. S. Veteran, specify WAR

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 1, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 2 months

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (city or town) (State or country) Green County Pennsylvania

FATHER

13. NAME Samuel Colebank

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs Eva Custer Princess Anne, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Grafton W. Va. Date Oct. 12, 1939

19. UNDERTAKER (Address) Dale Washiell Princess Anne Md

20. FILED 10/10, 1939 T. J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 9th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15th, 1939, to Oct. 9th, 1939

I last saw him alive on Sept. 2nd, 1939; death is said to have occurred on the date stated above, at 7 20 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate gland	Unknown

Other Contributory Causes of Importance:

Carcinomatosis

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wm. B. Manley M. D.

(Address) Princess Anne Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(130)

10292

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 16 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: County

City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: West Main St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Collins

3. (b) Social Security Number:

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sallie Powell

6(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): ? ? 1882

8. AGE: Years: 57 Months: ? Days: ? If less than one day: hrs. min.

9. Birthplace: Fishing Island Md
(Town, county, and state)

10. Usual occupation: Gen. Labor

11. Industry or business

FATHER
12. Name: James Collins
13. Birthplace: Unknown

MOTHER
14. Maiden name: "
15. Birthplace: "

16. Informant: Charles Collins
Address: Crisfield Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct 25 1939 (month) (day) (year)

Cemetery or crematory: Mariners

Location: Near Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. October 23 1939 (Date rec'd by registrar) Cr E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 21 1939, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 8 1939, to Oct 21 1939, and that I last saw him alive on Oct. 16 1939.

Immediate cause of death: Acute Nephritis Oct. 8 — DURATION: 1939

Due to: Infection, streptococcic, was the primary cause of the acute nephritis. C.W.G.R.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: N. J. Barkley, M.D. M. D. or other

Address: 309 W. 2nd Ave Date signed: 10/24/1939

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

213-d

10293

Reg. Dist. No. 260

1. PLACE OF DEATH:
County Somerset
City or town Venton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 43 years 7 month

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Willie Dashiell.

3. (b) Social Security Number

4. Sex male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife no.
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 43 Months 7 Days If less than one day hrs. min.

9. Birthplace Monie (Town, county, and state)
10. Usual occupation farmer
11. Industry or business
FATHER 12. Name Nathen T. Dashiell.
13. Birthplace Venton
MOTHER 14. Maiden name Susie Wilson
15. Birthplace Monie
16. Informant Nathen T. Dashiell
Address Monie
17. Beard (Burial, cremation, or removal. Which?) Date thereof 11-7-1939 (month) (day) (year)
Cemetery or crematory Venton Md.
Location Somerset Co.
16. Funeral director William James & Son
Address Princess Anne
19. 11/7 1939 (Date rec'd by registrar) T. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1939, at 3 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .
Immediate cause of death Accidental drowning
a boat was involved. C.W.B.
Due to Deceased is supposed to have started fishing, and the boat drifted away from
Due to the shore. He was then supposed to have undressed, and started swimming for the boat.
Other conditions His body not found for several days, was in very deep water.
(Include pregnancy within 3 months of death)
Major findings:
Of operations Place of death: Monie Creek
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE Henry M. Lankford Deputy Medical Exam M. D. or other
Address Princess Anne Md Date signed 11/7/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 95

10294

CERTIFICATE OF DEATH

Reg. Dist. No. 264

1. PLACE OF DEATH:
County Somerset
City or town Upper Fairmount
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Upper Fairmount Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dr. Granville E. Dickinson

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of ~~husband~~ wife ~~or wife~~ Katherine Dickinson
6(c) If alive, give age 83 years
7. Birth date of deceased (mo., day, yr.) January 21, 1852
8. AGE: Years 87 Months 8 Days 23 If less than one day hrs. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Medical Doctor
11. Industry or business
FATHER 12. Name Henry J. Dickinson
13. Birthplace Md
MOTHER 14. Maiden name Mary Eliz Ann Wallace
15. Birthplace Md.
16. Informant Miss Louise Dickinson
Address Upper Fairmount, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 17, 1939 (month) (day) (year)
Cemetery or crematory Cemetery - Presbyterian
Location Pocomoke City, Md
18. Funeral director Margarette H. Watson
Address Pocomoke City, Md.
19. Oct. 14th 1939 (Date rec'd by registrar) K. F. Dickinson Dept Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14, 1939 19 , at 11.15 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 14, 1939 19 , to Oct. 14, 1939 19 ,
and that I last saw him alive on Oct. 14, 1939 19 .

Immediate cause of death — DURATION
Acute dilatation of heart.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. A. Parker M. D. or other 39
Address Pocomoke City, Md. Date signed 10/16/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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10295

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County: Somerset

City or town: Princess Anne Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Since birth

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: David W. Dishroon

3. (b) Social Security Number -

4. Sex: Male

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ✓

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 12, 1939

8. AGE: Years | Months: ~~2~~ 3 | Days: 21 | If less than one day ____ hrs. ____ min.

9. Birthplace: Somerset Co. Md (Town, county, and state)

10. Usual occupation: None

11. Industry or business: ✓

FATHER
12. Name: David W. Dishroon
13. Birthplace: Somerset Co. Md

MOTHER
14. Maiden name: Pearl Stevenson
15. Birthplace: Somerset Co.

16. Informant: Pearl Stevenson

Address: Pr Anne Md

17. (Burial, cremation, or removal. Which?) Date thereof 10/19/39 (month) (day) (year)

Cemetery or crematory: John Wesley Cemetery

Location: Princess Anne Md

18. Funeral director: Wm James & Son

Address: Pr Anne Md

19. Oct 18th 1939 (Date rec'd by registrar) T J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 17th 1939, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Iles Colitis

Due to: Don't Know

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: T J Smith M. D. or other

Address: Princess Anne Md Date signed 10/18/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1025

1. PLACE OF DEATH

County Somerset (8) Registration Dist. No. 270

Village or City near Crisfield R.D. No 2 Mrs. Mary Dougherty No. [illegible] St., [illegible] Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurrad ....yrs....mos....ds. How long in U.S. If of foraign birth? ....yrs....mos....ds.

2. FULL NAME Dougherty If U. S. Veteran, specify WAR ....

(a) Residence: No. Crisfield Md St., Ward. ....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W.	Single

5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Undivid 2 2 mths Cureton

6. DATE OF BIRTH (month, day, and year) Oct 10, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. ....

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month end year) .... 11. Total tima (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Crisfield Md (State or country)

FATHER

13. NAM Olen Lee Dougherty

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Ellestine Dougherty

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Hospital record (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cremated at Hyo. Oete Oct 10, 1939

19. UNDERTAKER .... (Address) None

20. FILED 10/10, 1939 Amelia B. Dawson Registrar.
D. E. Collins

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 10, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19....; deeth is seld to have occurred on the date statad abova, at ....m.

Tha PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:

	Date of onset
Macerated Pregnancy 2-3 mths Cureton	
Other Contributory Causes of Importance:	

Name of operetion .... Date of ....

What test confirmed diagnosis? .... Was thare an autopsy? ....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? .... Date of Injury ....., 19....

Where did injury occur? .... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceasad? ....

If so, spacify ....

(Signed) George C. Cullum M. D.

(Address) Marion Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (129)

CERTIFICATE OF DEATH

10297

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town Eden

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 61 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Eden Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME James Bruce Gillis

3. (b) Social Security Number 720-09-6177

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jessie Kelly Gillis

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.): Oct. 24, 1878.

8. AGE: Years 61 | Months — | Days — | If less than one day: hrs. min.

9. Birthplace: Eden, Somerset, Md. (Town, county, and state)

10. Usual occupation: Agent

11. Industry or business: Railway Express Co.

FATHER 12. Name: Columbus Gillis

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Elsie Kelly

MOTHER 15. Birthplace: Maryland

18. Informant: Mrs. Jessie S. Gillis,

Address: Eden, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/26/39 (month) (day) (year)

Cemetery or crematory: Allen M.E.

Location: Allen, Md.

18. Funeral director: Mc Neill & Johnson Co.,

Address: Salisbury, Md.

19. Oct 26 1939 (Date rec'd by registrar) J J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24, 1939, at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 21, 1939, to Oct. 24 1939, and that I last saw him alive on Oct 23 1939.

	DURATION
Immediate cause of death: Pulmonary Abscess.	4 wks.
Bronchio Pneumonia.	
Due to Subphrenic Abscess.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. John H. Yeaman M. D. or other

Address 221½ Camden Ave Date signed 10/26/39

Salisbury, Maryland

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NOV 7 1939
BUREAU U. S.

10298

STATE OF MARYLAND—CERTIFICATE OF DEATH

(121)

1. PLACE OF DEATH

County Somerset co Registration Dist. No. 761

Village or City Marion No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 54 yrs. 10 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Holden If U. S. Veteran, specify WAR

(a) Residence: No. Marion Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Holden

6. DATE OF BIRTH (month, day, and year): 1884 dec 12

7. AGE: Years 54 | Months 10 | Days | It LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farmer

10. Date deceased last worked at this occupation (month and year): Oct

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): accomac co va

FATHER

13. NAME: Henry Holden

14. BIRTHPLACE (city or town) (State or country): accomac co va

MOTHER

15. MAIDEN NAME: Renthy Holden

16. BIRTHPLACE (city or town) (State or country): accomac co va

17. INFORMANT (Address): Mrs Ella Denis marion md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Branch cemtery Date: Oct 12, 1939

19. UNDERTAKER (Address): Chas H Ward marion md.

20. FILED: 10/11, 1939 Eurelia Hawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Oct 8, 1939

I last saw h— alive on Oct 7, 1938; death is said to have occurred on the date stated above, at 3 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Embolic	Oct 8, 39
Acut Dil of Heart	

Other Contributory Causes of Importance:

Senile Arteriosclerosis	1933
Chronic Int reflux	1933
Chronic nephrosis	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Coulbourn M. D.

(Address) marion sta md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (946)

CERTIFICATE OF DEATH

10299

Reg. Dist. No. 270

OUTSIDE CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Rural near Crisfield Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Rural near Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
~~Street No.~~ near Marinds Church
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Emory Johnson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Mary Johnson
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 14th 1850

8. AGE:

Years	Months	Days	If less than one day
89	1	1	____ hrs. ____ min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business "

FATHER
12. Name William Johnson
13. Birthplace Md.

MOTHER
14. Maiden name Julia Holland
15. Birthplace Md.

16. Informant Lonie Johnson
Address Crisfield R. F. D.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Oct. 17th 1939
(month) (day) (year),
Cemetery or crematory St. Pauls Cemetery near Mason,
Location Md.

18. Funeral director E. A. Lawson & Son.
Address Crisfield, Md.

19. Oct. 16, 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15th 1939, at 5:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2nd 1939, to Oct 15th 1939, and that I last saw him alive on Oct 13th 1939.

Immediate cause of death	Asthma and Uremia		
	with Coronary Thrombosis		
Due to			
Due to			
Other conditions			
(Include pregnancy within 3 months of death)			

DURATION

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. L. Somers M. D. or other
Address Crisfield, Md. Date signed Oct 16th 39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

10309

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Alms House

Stay in hospital or insl. (yrs., or mos., or days) 21 days

Stay in this community (yrs., or mos., or days) 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State [illegible] County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry Lewis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 51 | Months | Days | If less than one day hrs. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual occupation Farmer -

11. Industry or business general Farming

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant J. W. Parker

Address Princess Anne, Md.

17. (Burial, cremation, or removal. Which?) Date thereof Oct 9, 1939
(month) (day) (year)

Cemetery or crematory

Location Almshouse

18. Funeral director John W Parks

Address Princess Anne Md

19. Oct 9th 1939 (Date rec'd by registrar) I Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 8th 1939, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 25th 1939, to Oct. 8th 1939, and that I last saw him alive on Oct. 7th 1939.

Immediate cause of death	DURATION
Chronic Interstitial Nephritis	Unknown
Chronic Hypertension	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None made

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. B. Wheatley M.D.
M. D. or other

Address Princess Anne Date signed 10/8/39

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OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

10301

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County: Somerset

City or town: Mariners #2
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 75 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ulysses Grant McCready

3. (b) Social Security Number:

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: C Frances McCready

6 (c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Oct 14 1863

8. AGE: Years 75 Months 11 Days 28 If less than one day ___ hrs. ___ min.

9. Birthplace: Crisfield Somerset Md
(Town, county, and state)

10. Usual occupation: Merchant

11. Industry or business: Gen. merchandise

FATHER
12. Name: F THomas McCready
13. Birthplace: Crisfield Md

MOTHER
14. Maiden name: Pattie Ann Nelson
15. Birthplace: Somerset County Md

16. Informant: Walter McCready
Address: Crisfield Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct 15 1939 (month) (day) (year)

Cemetery or crematory: Sunny Ridge Cemetery

Location: Near Crisfield Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. Oct. 13, 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 12th 1939, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2nd 1939 to Oct 1 1939, and that I last saw him alive on Oct 12th 1939.

Immediate cause of death: Cerebral arteriosclerosis with hemiplegia.

DURATION

Due to

Due to

Other conditions: Hypostatic pneumonia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: C. I. Somers M. D. or other

Address: Crisfield, Md Date signed: 10/14/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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BUREAU V. S.

10302

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Somerset OUTSIDE CORPORATE LIMITS OF (82-P) Registration Dist. No. 270

Village or City Crisfield No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Woodland Milbourne If U. S. Veteran, specify WAR

(a) Residence: No. Lawsonia St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida A. Milbourne.

6. DATE OF BIRTH (month, day, and year): Nov 23rd 1869

7. AGE: Years 69 | Months 10 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Sea Food Dealer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Somerset Co. Md.

FATHER

13. NAME: Littleton Milbourne

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Margaret Beauchamp

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mrs. Mable Gorsuch Crisfield, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Asbury Cemetery Date: Oct. 5th, 1939

19. UNDERTAKER (Address): F. S. Lawson & Son Crisfield, Md.

20. FILED: Oct. 4, 1939 C. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 2nd (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2 + 1939, to Oct 2nd 1939

I last saw him alive on Oct 2nd, 1939, death is said to have occurred on the date stated above, at 6 10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	
Multiple cerebral	
embolism, with paralysis	

Other Contributory Causes of Importance:

Hypostatic pneumonia	10/2/39

Name of operation: None Date of

What last confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. I. Somers M. D.

(Address) Crisfield, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10303

1. PLACE OF DEATH

County Somerset Registration Dist. No. 265

Village or City Crisfield No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Miles If U.S. Veteran specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Oct 12 1939

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or ~~1~~ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Crisfield
(State or country) Md

FATHER

13. NAME Charles Miles

14. BIRTHPLACE (city or town) Marion
(State or country) Md

MOTHER

15. MAIDEN NAME Mary Potter

16. BIRTHPLACE (city or town) Westover
(State or country) Md

17. INFORMANT Charles Miles
(Address) Crisfield Md

18. BURIAL, CREMATION, OR REMOVAL
Place Lawsonia Cem Date Oct 13, 1939

19. UNDERTAKER John A Bradshaw
(Address) Crisfield Md

20. FILED Oct. 16, 1939 C. T. Collins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 12, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Born Dead 19 Forceps Delivery, 19
I last saw h elive on , 19 ; death is said to have occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Difficult Delivery	Oct 12 1939

Other **Contributory Causes** of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. J. Barkley M. D.
(Address) Crisfield, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED NOV 4 1939 U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See letter filed under Barkley Exchange & Stillborn 11/14/39.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10304

CERTIFICATE OF DEATH

46-B

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset

City or town Princess Anne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Virginia Miles

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Samuel F. Miles

6(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1862

8. AGE: Years 77 Months 1 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore County Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business House work

FATHER

12. Name William Waples

13. Birthplace Balto. Co. Md.

MOTHER

14. Maiden name Eliza Ballard

15. Birthplace Balto. Co. Md.

16. Informant Ballard Miles

Address Princess Anne Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 19, 1939 (month) (day) (year)

Cemetery or crematory Episcopal cem.

Location Princess Anne Md.

18. Funeral director Dale Doshiell

Address Princess Anne Md.

19. Oct. 15, 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15th 1939, at 5 15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 6 1939, to Oct 14 1939, and that I last saw her alive on Oct 14 1939.

Immediate cause of death Acute Cardiac Dilatation

Due to Jaundice

Due to Chronic Liver Gall Bladder Liver

Other conditions Arteriosclerosis Gastric

(Include pregnancy within 3 months of death)

Major findings: Primary seat of cancer: Unknown; as patient only lived a few days after physician first saw her. C.W.G.R.

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. H. Coulbourn M. D. or other

Address Crisfield Md Date signed Oct 15/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1939
BUREAU V. S.

10305

STATE OF MARYLAND—CERTIFICATE OF DEATH

OUTSIDE CORPORATE LIMITS OF (210-m)

1. PLACE OF DEATH

County Somerset Registration Dist. No. 270

Village or City West Crisfield No. McCready Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME H. Lillie Sterling If U. S. Veteran, specify WAR ✓

(a) Residence: No. Marion Station Md St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Upshur Sterling

6. DATE OF BIRTH (month, day and year): June 15 - 1881

7. AGE: 58 Years | Months: 3 | Days: 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Domestic

10. Date deceased last worked at this occupation (month and year): 3-39

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Marion Station Maryland

FATHER

13. NAME: Peter Whittington

14. BIRTHPLACE (city or town) (State or country): Marion Sta Md

MOTHER

15. MAIDEN NAME: Sallie Lloyd

16. BIRTHPLACE (city or town) (State or country): Marion Station Md

17. INFORMANT (Address): Tenia Cane Marion - Md

18. BURIAL, CREMATION, OR REMOVAL Place: Mt Pier Cemetery Date: 10/6, 1939

19. UNDERTAKER (Address): Geo W Tolghman Marion Md

20. FILED: 10/5, 1939 Aurelia B. Lawson C. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: October (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Was dead when I saw Body, 19, to, 19

I last saw alive on, 19; death is said to have occurred on the date stated above, at 8 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Fractured Both Legs Fractured Inferior Maxilla - all lower teeth knocked out & Lower Lip Lacerated

Date of onset

Other Contributory Causes of importance: Fractured Skull following auto at time Auto Collisions

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury Oct 3rd 1939

Where did injury occur? Between Princess Anne & Kings Creek Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public Place on State Road

Manner of injury Automobile Riding

Nature of injury Fracture Skull & Jaw & Legs Fractured

24. Was disease or injury in any way related to occupation of deceased? Skull

If so, specify

(Signed) Wm H. Caulbourn M.D.

(Address) Crisfield Md

Deputy Medical Examiner for Somerset Co

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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NOV 2 1933
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10306

Reg. Dist. No. 261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town Marion

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Marion Station Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Travis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	col	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 14, 1939

8. AGE:

Years	Months	Days	If less than one day
			hrs. min.

9. Birthplace Marion, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Isaiah Travis

13. Birthplace Va.

MOTHER 14. Maiden name ~~Ethel Haymond~~

15. Birthplace Md.

16. Informant Isaiah Travis

Address Marion, Md.

17. Family burying lot Date thereof Oct. 15, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Kingston, Md.

18. Funeral director Ray Jones

Address Marion, Md.

19. 10/18 1939 Aurelia B. Lawson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14 19 39, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19.

Immediate cause of death stillbirth

No Doctor in attendance

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Aurelia B. Lawson M.D. or other

Address Marion Station Date signed 10/18/39

Stilb.

OUTSIDE CORPORATE LIMITS OF

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10307

(93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 45

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Algie James Victory

3. (b) Social Security Number:

4. Sex: M

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Evelyn Barkley

6(c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.): Sept 9 1894

8. AGE: Years: 45 Months: 2 Days: 0 If less than one day: hrs. min.

9. Birthplace: Crisfield Somerset Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: General

FATHER
12. Name: Abraham Victory
13. Birthplace: Crisfield Md

MOTHER
14. Maiden name: Cloranda Hargis
15. Birthplace: Crisfield Md

16. Informant: Evelyn Victory
Address: Crisfield Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct 11 1939 (month) (day) (year)

Cemetery or crematory: Lawsonia
Location: Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Oct. 10, 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 8 1939, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Was dead when Sowered 19 , to 19 and that I last saw h alive on 19

Immediate cause of death: Died Suddenly

Due to: Heart Failure

Due to: Natural Causes

Other conditions: Probably Chronic myocarditis. C.W.E.R.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Wm H. Coulbourn M.D.
M. D. or other

Address: Crisfield Md Date signed: Oct 10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52)

CERTIFICATE OF DEATH

10308

Reg. Dist. No. 264

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Upper Fairmount

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 53

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Upper Fairmount Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Walston

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 3 1886

8. AGE: Years	Months	Days	If less than one day
53	7	28	hrs. min.

9. Birthplace: Fairmount Somerset Md

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER — 12. Name: William Walston

13. Birthplace: Fairmount Md

MOTHER — 14. Maiden name: Mary E Gardner

15. Birthplace: Fairmount Md

16. Informant: Ernest Cox

Address: Upper Fairmount Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof Oct 9 1939 (month) (day) (year)

Cemetery or crematory: Muir Cemetery

Location: Fairmount Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. Oct 9 (Date rec'd by registrar) 1939 H. E. Dickinson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1939, at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1936 to October 1939 and that I last saw him alive on Oct 3 1939

Immediate cause of death: Carcinoma of Lip Epithelioma with metastasis to the Cervical Glands and throat.

DURATION: 12 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R A Johnson M.D.

M. D. or other

Address Parkton Md Date signed Oct 7-39

RECEIVED
NOV 2 1939
U.S. BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10309

OUTSIDE CORPORATE LIMITS OF

2411 N. Charles St., Baltimore (210-m)

CERTIFICATE OF DEATH

Reg. Dist. No. 270

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: State Road - near Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 32 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Hopeful - Near Crisfield Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Near Crisfield Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Marcus Hard

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): ? ? 1907

8. AGE: Years: 32 | Months: ? | Days: ? | If less than one day: hrs. min.

9. Birthplace: Hopeful - Md - Somerset Co.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farmer

FATHER
12. Name: Sidney Hard
13. Birthplace: Hopeful Md

MOTHER
14. Maiden name: Florence Case
15. Birthplace: Hopeful Md

16. Informant: Florence Ward
Address: Hopeful

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 25 1939 (month) (day) (year)
Cemetery or crematory: Hopeful
Location: Near Crisfield Md

18. Funeral director: John A. Broadstreet
Address: Crisfield Md

19. October 23 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 21 1939, at between 10 & 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw deceased alive on 19.

Immediate cause of death: Was found dead along side State Road between Crisfield Hopeful - DURATION

Due to (a) Apparently Suicide by shooting Gun Shot Fractured Skull - Crushed Chest & Ribs - Fracture Both legs below Knees - & Fracture Left Humerus

Due to (b)

Other conditions: Black =
(Include pregnancy within 3 months of death)

Major findings:

20 operations:

20 autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Hit & Run Oct 21-39

Accident, suicide, or homicide? Date of

Where did injury occur? near Crisfield, Somerset, Md (City or town) (County) (State) on State Road

Injured at home, farm, industry, public place (where)

How was injury caused? Was it accidental or suicidal or homicidal? Hit & Run by Ridge Bicycle

23. SIGNATURE: W. C. Houlbrooke M.D.

M. D. or other

Address: Crisfield Md Date signed: Oct 24 1939

Deputy Medical Examiner

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-C)

CERTIFICATE OF DEATH

10310

Reg. Dist. No. 265

WITHIN CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: N Somerset Ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 86 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: N. Somerset Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Samuel William Brinnel Ward

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife: Nancy El. Ward

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): ? ? 1856

8. AGE: Years	Months	Days	If less than one day
83	?	?	hrs. min.

9. Birthplace: Crisfield Somerset Md

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER — 12. Name: John Thomas Ward

13. Birthplace: Crisfield Md

MOTHER — 14. Maiden name: Ellen

15. Birthplace: Md.

16. Informant: Charles Ward

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 6 1939 (month) (day) (year)

Cemetery or crematory: Mariners

Location: Near Crisfield Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. Oct. 5, 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 4 1939, at 9A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 2 1939 to Oct 4 1939

and that I last saw h[illegible] alive on Oct 4 1939

Immediate cause of death: Acute cardiac dilatation

Due to: Chronic Myocarditis

Due to: Arterio Sclerosis

Other conditions:

(Include pregnancy within 3 months of death)

	DURATION

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [illegible] M.D.

M. D. or other

Address: Crisfield Md Date signed: Oct 6/39

RECEIVED
NOV 4 1939
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 270

10311

CERTIFICATE OF DEATH (13)

1. PLACE OF DEATH:
(a) County Somerset
(b) City or town Crisfield
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Somerset
(c) City or town Rural Crisfield
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Earnest Whittington

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Kate Whittington

6. (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Sept 22, 1898

8. AGE: Years 41 | Months | Days 14 | If less than one day ____hr. ____min.

9. Birthplace Somerset Co. Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farming or Sea Food.

FATHER 12. Name Thomas Whittington

13. Birthplace Md

MOTHER 14. Maiden Name Levina Dearborough

15. Birthplace Md

16 (a) Informant Mrs. Kate Whittington

(b) Address Crisfield, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9/39 (month) (day) (year)

(c) Cemetery or crematory Asbury Colored Cemetery

Location Crisfield Md

18 (a) Funeral director J. D. Lawson & Son

(b) Address Crisfield, Md

19 (a) Oct. 7, 1939 (Date rec'd by registrar) (b) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 6th 1939, at 10:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to Oct 6 1939 and that I last saw him alive on Oct 6 1939.

Immediate cause of death	Duration
Apoplexy	3 days
Due to	
Due to	
Other conditions Chronic Nephritis	10 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C E Collins M. D. or other

Address Crisfield Date signed 10-9-39.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
NOV 4 1939
BUREAU V. S.

10312

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH:

County Somerset

City or town Deals Island Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Deals Island Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Novella Williams

3. (b) Social Security Number —

4. Sex: Female

5. Color or race: Blk

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name ~~of husband~~ or wife Granville Williams

6(c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Apr 7 - 1917

8. AGE: Years 22 | Months 6 | Days 10 | If less than one day ___ hrs. ___ min.

9. Birthplace Deals Island Md (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Labor

FATHER

12. Name Olby Melbourne

13. Birthplace Deals Island Md

MOTHER

14. Maiden name Nettie Ballard

15. Birthplace Deals Island

16. Informant Olby Melbourne

Address Deals Island Md

17. John Wesley M E Cemetery (Burial, cremation, or removal. Which?) Date thereof Oct-19-39 (month) (day) (year)

Cemetery or crematory John Wesley M E Church

Location Deals Island Md

18. Funeral director L G Webster

Address Deals Island Md

19. Oct 19 1939 (Date rec'd by registrar) Rosa Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1939, at 5-15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12 1939, to Oct 18 1939, and that I last saw her alive on Oct 17 1939.

Immediate cause of death Pulmonary Tb.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Aug 12, 1939.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. M. Shevitz M.D. or other

Address Deals Island, Md Date signed Oct 19 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.